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ON THE DIAGNOSIS OF SOME SYMPTOMATIC AFFECTIONS OF THE
HEART.

THE diagnosis of diseases of the heart is far from being accurate and easy ; and daily we meet with cases, which have been treated as such, but without success, recovering gradually of themselves, when the physician has ceased his officious interference.

To distinguish between actual idiopathic disease, whether functional or organic, and the merely symptomatic and consecutive affections which may or may not occur during the course of other morbid states of the system, must therefore be an object of great importance. We well know that in nervous subjects, the slightest agitation of mind or body will at once induce many of the symptoms of cardiac disease ; there may be the tendency to syncope, the fluttering, irregular, and intermittent pulse, the dyspnoea, and so forth, all present ; but then the rapidity of the attack coming on, at least generally, after a fright or a tale of distress, or a sudden surprise, and the gradual convalescence, under proper management, will soon dissipate our alarm. When such attacks as these recur frequently, and the system becomes, at the same time, more enfeebled and leuco-phlegmatic, the feet being oedematous, the face puffy, the breathing distressed, and the heart palpitating violently on any exertion, a medical man may be somewhat puzzled to decide whether these symptoms are to be considered as indicative of heart disease, or of a systematic disorder, in which the heart, like other organs, is secondarily involved. If our patients be young, and especially if they be of the female sex, we may, in a large majority of cases, suspect, *à priori*, that the latter supposition is the correct one. There are three morbid states of the system, which, in particular, are often attended with symptoms simulating those of heart disease, viz. chlorosis, anæmia, and incipient development of tubercles in some internal organ. The following case is an instructive one.

A female, 25 years of age, of a healthy constitution, and regular in her catamenia, had been treated during some years, at the Hôpital Beaujon, for severe palpitations and a breathlessness, which made her attendants apprehend the approach, or actual existence, of an aneurism of the heart. Under this impression, she was bled, leeches, and purged for several months ; but no relief was obtained. The very opposite treatment, "inverse medication," was then employed, and she was rapidly cured, after she had been so much reduced by the Valsalva doctoring, that she had not strength to raise her arm from the bed. About the middle of last May, she was again distressed with her old complaint, which came on after a profuse menorrhagia. The palpitations and dyspnoea were so

distressing, that the patient was obliged to keep her bed. She was again treated for disease of the heart by venesection and leeches, and to such an alarming state of exhaustion was she brought, that little hope was entertained of saving her life. Of this, however, her body appeared somewhat tenacious; for, by degrees, the immediately threatening symptoms abated, and she returned home.

M. Pigeaux was at this time called to attend her. On examining the region of the heart, he found the pulsations slow and feeble, but regular, subject only to occasional acceleration; no abnormal bruit was audible, although the second sound was sharper than in health, and resembled a good deal the first, or auricular one. The jugular veins were distended by the reflux of the blood, alternately with the impulsion of the point of the heart.

By percussion, it was easily ascertained that the size of this organ was of natural dimensions. Over the middle of the sternum, the sounds were obscured, and at the back they were scarcely perceptible. The respirations were much quickened, being from 40 to 42 in the minute. Mucous and sibilant râles might be heard over the whole of the chest, and there was some degree of dulness on percussion at the base of the thorax, both in front and behind. The abdomen was very tender over the regions of the liver and of the colon, and also over the iliac fossæ. The pulse was soft, very compressible, and beat about 70 times in the minute. Every now and then the patient experienced attacks of syncope, which seemed to her to indicate the approach of death; and at other times she was so low, that she lay seemingly unconscious of everything around her. The menorrhagia still continued, and her stools were found to be mixed with blood. M. Pigeaux, having carefully considered all the symptoms, especially those which were revealed by auscultation and percussion, and having ascertained, as far as he well could, the long previous history of the case, came to the conclusion that no actual and idiopathic disease of the heart existed; but so precarious seemed the state of the patient, that he gave a very guarded prognosis.—His attention was first directed to restrain the intestinal hæmorrhage; pills, consisting of two grains of dried extract of cinchona, and one of alum, were given every half hour. The hæmorrhage was stopped, but violent colicky pains came on, indicating, no doubt, the efforts of the bowels to evacuate the retained blood. These were gently assisted by the occasional use of mild lavements. The uterine discharge was next subdued, and the patient allowed a little wine, in addition to nutritious broths; the pulse began to rise, but the icteric symptoms (not mentioned before) were stationary. The sight and hearing, which at first were almost quite extinguished, regained a little of their activity, and the patient was now sensible of the questions which were addressed to her; by signs, she showed that she understood their meaning. The alum in the pills was now exchanged for small doses of the subcarbonate of iron. This treatment was continued for a week; and then the condition of the patient was so much improved, that M. Pigeaux deemed himself warranted in announcing his hopes of her ultimate recovery. The action of the heart became stronger, and at the same time more calm, and the pulsations of the jugular veins did not ascend above the middle of the neck; the second, or inferior sound, had regained

somewhat of its normal dulness. The patient lay constantly with the head very low, and she was cautioned against rising suddenly from the horizontal position. The sight had now so much improved, that she was able to distinguish between darkness and bright day-light. At the end of the second week, the icterus had almost quite disappeared—the speech was restored, and the appetite had become so vigorous, that she wished for more food than was expedient to allow her; but still the sight was very imperfect—it was only with difficulty that she could recognize a hand held before her. She was taking ten grains of subcarbonate of iron three times a day; but this quantity was soon found to be too great, and the pills, consisting of the extractum cinchonæ and subcarbonate were substituted. By the end of the third week, we are told that she began to show “*legers soins de propreté et de coquetterie*,” always a favorable sign with females, and soon after she had quite recovered.

Reflections.—M. Pigeaux very properly condemns the ignorance, or extreme negligence, of this girl's previous medical attendants. The complete absence of all abnormal sounds of the heart, the feebleness, but regularity, of its pulsations and of those of the arteries, and the circumstance of the cardiac symptoms having been preceded and accompanied by a profuse loss of blood, ought, indeed, to have made every one pause, before they subjected their patient to a course of treatment so painful, and so pernicious, as that which has been called by the name of Valsalva.

Journal Hebdomadaire.

ON DYSENTERY, WITH THE WRITER'S OWN CASE.

[Communicated for the Boston Medical and Surgical Journal.] p. 403

THERE is perhaps not a single disease with which the human family is afflicted, upon which such a variety of views have been entertained, and such a vast variety of remedies promulgated, as dysentery.

Cælius Aurelianus, Akenside, Stoll, and Richter, thought it a rheumatic affection of the first passages. Dr. Cullen thought it a catarrh of the *primæ viæ*, with a contagious fever. Dr. Good places it among inflammatory diseases; Dr. Townsend, among the neuroses. Dr. Ballingate thought it a spasm of the colon. Dr. Ballingall conceived it to be an inflammation of that intestine, and named it *colonitis*. Mr. Annesley, an East India practitioner, thought it an active inflammation, and that this inflammatory state of the system was the true reason why it was so difficult to produce a salivation in dysentery. Dr. Abercrombie, of Edinburgh, thinks it increased action, with inflammation of the mucous membrane, and that cholera is its highest state. He inclines to the opinion that diarrhœa, dysentery, and cholera, are all the same. Dr. Cogswell, a writer in one of our former periodicals (see N. Y. Med. Repository for 1822), strenuously maintained that dysentery, diarrhœa, lientery, and cholera infantum, were all one and the same disease. He relates the disastrous effects of cathartics, and the sanative results of astringents, in an impressive manner. Dr. Rush thought it absurd to say that any particular thing was good for the dysentery. His opinion was, that its cure

depended upon adapting remedies to the state of the system. In the typhous state he thought nothing but cordials would do, and that even a single purge might prove fatal. He observes that emetics have sometimes proved fatal also, and that burnt brandy and loaf sugar cured it in Chester County. Baron Humboldt informed him of a form of it in South America, which could only be cured by a strange process. It was that of thrusting a lemon, or a part of one, into the anus. Dr. Rush says that dysentery is more common in the country than in cities, but that in New Haven it was more mortal than *yellow fever*. He inclines to think that in some of its forms and stages, bleeding and purging are best adapted to its cure. He thought that the skin acts as an antagonist muscle to the bowels, and consequently that external friction might be useful. Dissections, as observed by him, and by Zimmerman, show no mark of disease of any kind. This is not, however, as he observes, uniformly true; for sometimes gangrene, ecchymosis, pustules, and diseased liver, are discovered. These, however, may be consequences, and not causes, of the malady. Binding the belly with a tight bandage, keeping the patient wholly on his back, and smoking tobacco, are among the remedies which he sanctioned. He observes that *bark* is not borne in typhoid dysentery, although useful in *typhous fever*. He tells us that Mr. Wilson, the ornithologist, cured himself with *raw eggs*. But on the whole, Dr. Rush rather inclines to the beaten path of treatment, viz. by purgatives, and even mentions calomel, jalaps, and senna. He says that purges should not be desisted from till bilious or greenish stools are discharged—nor until the *whole intestinal chimney is swept clean of its contents*.

As to the cause of dysentery, the opinion of Sydenham, that it arises from suppressed perspiration, is perhaps sustained by the greatest weight of authority. The opinion of Cullen, that it is contagious, and arises from a contagious fever, certainly cannot be maintained. For it is sometimes without any fever at all, and frequently invades persons who have had no possible chance of contracting it from others previously diseased. Equally erroneous was the opinion of Linnæus, that its origin is *animalculæ*. The notion also of Dr. Chisholm, that its seat and cause were referable to the liver, stands unsupported, and free from all suspicion of correctness, although entertained likewise by Dr. James Johnson. We blush to find such great names sanctioning doctrines so palpably erroneous. All pathology, and all dissections, cry out against them with one voice.

Of the causes of dysentery in this country, there is one which appears so well substantiated, that it merits notice. This is the exhalations from places recently covered with water; from mill-ponds drained, swamps dried, and shores bare, exposed to a hot sun.* This kind of miasm, although nearly resembling that which produces intermittents, is, as I suspect, more of a rapid and malignant nature in its effects upon the human system.

There is some reason, and some authority, for believing that dysenteric stools likewise sometimes convey the disease.

* See Dr. Buell, formerly of Sheffield, Mass. in one of the early numbers of the Medical Repository. Also Dr. A. H. Cogswell, of Hebron, Washington County, in the same periodical for 1822.

The definition or diagnosis of dysentery is not very difficult. Frequent painful, loose, alvine evacuations, without piles, constitute Dysentery. Frequent loose dejections, *without* pain, is Diarrhœa. Frequent evacuations by stool, with frequent vomiting, with or without pain, is Cholera. Frequent loose dejections, with pain, tenesmal or torminal, with occasional and rather distant turns of vomiting, in young subjects, is Cholera Infantum. The evacuation of pure blood *per anum*, without pain, is Intestinal Hæmorrhage. Lientery is the evacuation, by stool, of undigested food. This, as Sir John Pringle observes, may supervene on dysentery. Diarrhœa may precede or follow dysentery; but a painful diarrhœa, although the stools may be seculent, and *without* blood, is dysentery; whilst liquid stools, *without* pain, griping, tormina, or tenesmus, is diarrhœa.

Dysentery, when accompanied with fever, may properly bear the title given it by Sydenham, viz. that of *febris introversa*, or fever turned inward on the bowels.

Scybala are diagnostic of dysentery, when they occur, but they are certainly very rare. The most marked case which I ever knew, was in a woman who had been ill four weeks. She had previously been under the care of three medical men, and was under a complete and severe salivation when I first saw her, but without amelioration of the disease. The scybala in her case were as round as a bullet. They were of various sizes, from that of an ounce ball to three times that size. They were all completely globular, which was to me a striking phenomenon. It indicated a morbid spasmodic action of the intestinal tract; an altered peristaltic motion, but at the same time acting regularly, and forming complete globules and globes. Their discharge in the case of this woman, was not critical; although, in one case, in my own family, the present season, they were so. Whether they are or are not generally a critical discharge, I have not had sufficient experience to determine.

As to the prognosis in dysentery, when there is an abatement of pain, without sphacelus, it is one of the most favorable of all symptoms. A large evacuation of black bilious matter, bottle green, blue, or of the natural hue, bodes favorably. It is a popular opinion, and I find it sanctioned by the high authority of Sydenham, that thrush, or aphthæ, in dysentery, is a fatal sign. In two cases within my own practice (those of Mr. Huntington and Miss Gillet), this was not the case. Both cases were strongly marked, and both, though with some difficulty, recovered. Dr. Good appears to agree with Sydenham, and says of aphthæ, that they "generally foreshow eminent death." In my own view, aphthæ in dysentery, as aphthæ in fever, may be regarded as a dangerous, but not uniformly fatal sign.

Sweats, in dysentery, may be viewed upon the general principles of sweats in fevers. If local and partial, there is nothing favorable in their appearance. If cold and clammy, the most disastrous effects are anticipated. If moisture, or even softness of the skin, with general diaphoresis, have place, there is reason to prognosticate the patient's recovery.

Dr. James Johnson, who refers all mischief to the liver, speaks of an occasional gush of vitiated bile from that viscus, as resembling "boiling lead," and as throwing the intestines into intolerable tenesmus and tor-

mina. This statement is not agreeable to facts in this country ; the re-appearance of bile being one of the signs of pain abated, and recovery probable.

Hiccups are not always fatal, but ever denote a very serious and alarming state of disease. In one severe case with this symptom, after all else had failed of the opiate, and antispasmodic, and emetic, and cathartic kind, the writer prescribed the effervescing draught, composed of tartaric acid and soda, with effects decidedly beneficial, and the patient is now a hardy farmer.

It is a singular fact, that although dysentery has been treated as an obstruction of the bowels upon a scale almost universal, yet, upon *post-mortem* inspection, no such obstruction has ever been detected. The reader who examines Dr. Good alone, and the vast number of authorities by him brought into notice, from the East Indies, West Indies, Europe and Egypt, will be struck with this fact, if he keep in view its omission. Dissections in Ireland appear to have been made upon a large scale in 1818, where the disease was attended with appalling mortality ; one in three, according to Dr. Barry, having fallen its victims ! In the Indies, East and West, in Ireland, and elsewhere, the *post obit* phenomena were much the same. The most striking peculiarity was noticed more especially in Ireland, which was an immense enlargement of the calibre of some part of the intestinal tract ; the small intestines being sometimes found seven inches, and the large ones nine inches in circumference. Very different this from an obstruction which requires repeated catharsis !

Could, therefore, a practice be founded upon an inspection of the diseased structures developed after death, the similarity of those diseased structures would lead to similarity of practice. Yet the warfare of opinion and of practice continues to be immense. For, 1st, some fatal cases are without any appearances of disease. 2nd. It is not ascertained, when organic lesions are found, whether they are anything more than consequences of the disease. And 3rd, were enlargement of circumference, and ulceration of the coats of the intestines, with ecchymosis, pustules, and diseased liver, *always* found, and allowing these to be the cause of dysentery, the cause of these phenomena would still be the grand desideratum. We should then have to inquire what so strangely enlarged a part of the alimentary canal, and how to prevent that enlargement, with other changes of structure, and derangement of parts. So that a unity of opinion and of practice, derived from inspection of the parts after death, does not seem very probable.

For the first twenty-nine years of the present writer's own practice, he could lay claim to uniform success in the treatment of dysentery, not having in that space lost a patient. This claim, however, ended in July 1829. On the 30th of June of that year, the dysentery invaded the family of a Mr. Powers, with much severity. I was absent when called for on that day, but saw them the day succeeding, being the 1st of July. Seven of the family were ill during the month, and three of his children died, my patients. My mode of treatment did not vary from that which I had so long previously found so successful. It was calomel ; calomel and opium ; calomel, opium and ipecac, combined, in powder or pill ;

sometimes emetics of ipecac, where there was nausea ; sugar of lead, combined with opium, where astringents seemed necessary ; injections of new milk, starch, or slippery-elm tea, with or without laudanum ; cathartics of oil, where the calomel was not sufficiently aperient ; swathing the abdomen, sometimes blistering it ; and sometimes applying laudanum, with camphor, externally. For diet and drink, toast-water, or milk and water boiled together, and thickened slightly with fine flour. This treatment, as heretofore, succeeded in four of the cases in the family of Mr. Powers ; and in other families in the neighborhood, I lost none. But the disease, in the three children who died, bid defiance to this mode of medication. Mrs. P. the mother of the children, had the disease in a very threatening manner. She, and others of the family who recovered, evacuated immense quantities of matter as black as tar, but generally of a thinner consistence, like molasses of a very black color in summer ; but some was thinner, and resembled bilge water. Assiduous search was made, by reiterated cathartics, for the appearance of this matter in those who died, but it never appeared. Was it there ? I am disposed to think not, and that the cathartic plan in their cases was carried too far. Bloody slime was what the diseased dejections presented, and nothing more could be brought to view by cathartics, or injections of oil, or full doses of calomel. And I am now disposed to think that the bile, which became black in the favorable cases, by retention, passed off in the fatal ones, in the incipient and forming stage of their illness, before they became subjects of medical treatment. A *post-mortem* inspection was much desired, by which this and other matters might have been ascertained, but I was unable to obtain that liberty.

With *responsibility, infallibility* is looked for in our profession, without its being deemed necessary for us to do much, except to feel the pulse and look at the tongue. But to people of this stamp, the answer, "I am no conjuror," once made by a celebrated physician of my acquaintance, may be given. The present writer, in his early practice, once got most unmercifully rallied by happening to observe to a physician, in a circle where all were not physicians, that he knew not a certain patient's disease until after death he examined the body.*

When dysentery, with an epidemic malignant fever, presses upon our patient, it may be that both together will drag him to the grave in spite of all our exertions.

Among the remedies for dysentery, in foreign countries, many may possibly be found which are calculated to throw light upon its nature. I will mention one. *Betel*, composed of *areca catechu*, two parts ; a species of pepper (piper betel), tobacco, and quick-lime, each one part. These are all well and intimately mixed together. This composition is masticated, and its use, we are told, in dysentery, is "established from the Moluccas to the Yellow River, and from the Ganges and Indus to the shores of the Black Sea."

In Madagascar, the Phillippines, in India, and generally in the hot climates of Asia, this cruel disease yields to *betel*, or else baffles the

* It was a case of a variety of anomalous and uncommon symptoms in a colored child. *Post-mortem* inspection proved the cause a very strange one indeed. It was an enlargement and suppuration of the thyroid gland.

physician and all his other remedies. In Popyan and Quito, by a strange coincidence, the use of *betel* is said by Messrs. Humboldt and Bonpland to be almost as general as in the Moluccas and India.

There is, therefore, probably a virtue in this composition not generally appreciated; for, so far as I know, the inhabitants of none of these places use opium in dysentery. Of this, however, I should like to be better assured before I assert it as a fact; but the entire omission of its mention, is a proof of some weight.

The *betel* has the ingredients of a powerful anti-dysenteric remedy. A celebrated writer in relation to it, says, "we have a dose of alkali in the lime, of hot aroma in the pepper leaves, of a powerful astringent in the areca nut, and of narcotic in the tobacco."^{*}

It is one of the curious traits of dysentery, which has fallen under my own notice, that members of the same fraternal family, when very young, although widely separated, are sometimes almost simultaneously affected with the disease. A man, whose children were about my own age, and whom I knew, lost one child at home, and two at a distance, all in one season, with this complaint.

It has fallen to the notice of all medical men, that where opinions waver, he who is most decided and dogmatic in doctrine and expression, carries the day. He who can decide the most facts the most peremptorily; he who can bring the greatest weight to bear upon any given point; he who can speak upon any given subject with the most decision and without any, or with the fewest exceptions, is the Hippocrates in medicine, the Buonaparte of battles, or the Newton and Shakspeare of all creation. A writer who tells you that he lost not a single patient whom he treated entirely with astringents and opiates, and that he lost all, to the number of twenty, to whom he gave any kind of cathartic whatever, is calculated to be heard and noticed. When the Goliath waver, the youthful David, with his stone and sling, will knock them down. It is thus that the Sampsons and lions of the profession, disunited, fall before a Mrs. Hurlbut or a Swaim, with their *hemlock boughs* and *panacea*. Still, hasty, prompt and precipitate decision, sometimes takes the place of consideration and reflection and maturity of judgment, and does much mischief. And it is a fact of lamentable consideration, that human life is so short, an epidemic, once seen, may not be seen again by the same eyes. It is said to take about fifty years to establish the credit of any new medicine; and a new disease requires as many eyes, and as many years, and as much experience. Nay, more, for the bloody-flux of Hippocrates, two thousand years ago, is the dysentery of the present time, and yet there is no unity of opinion!†

One of the aphorisms of Hippocrates, stands thus. "*A bloody-flux, if it proceeds from black choler, is mortal.*" The accuracy of this statement is not verified by my own experience; but on the contrary, every patient whom I have ever seen, who evacuated black choler, or black bile, has recovered, with the exception of constitutions worn down by intemperance in ardent spirits, and who had dysentery symptomatic of jaundice, or dropsy, or diseased liver.

* See N. Y. Med. Repository, 2nd Hexade. Vol. iii. 1806.

† See Hippocrates, Sect. 4. Aphorisms, 24, 25, 26.

Seized myself severely with the disease, I decided against the use of cathartics, although sanctioned by an overwhelming weight of authority, and determined to trust to opiates and astringents. I had not dared thus to innovate in any other instance, not even in my own family. The first symptom which I experienced, and it was the first experienced by Mrs. C. who was still ill with the disease, was a stiffness about the neck and shoulders and upper part of the back, and an inability to move without uneasiness. This was followed, on the next day,* with rather a severe chill. A painful looseness now commenced. The pain in the lumbar and sacral regions was severe indeed. Never before having had the disease, I had no idea of the intensity, in and about the back, of such excruciating torture, as connected with dysentery. The tormina of the lower bowels was equally severe; but being more particularly connected with the evacuations, it was periodical, and is, on the whole, recollected with less horror. After about 48 hours of painful feculent looseness, the dysenteric appearances were fully formed. Copious bloody evacuations, somewhat resembling beef brine, but higher colored, and of more consistence, succeeded. Then followed bloody mucus, with, if possible, an increase of pain. And now, until the disease finally gave way, there was not the least appearance of natural dejections. Blood, almost clear, with the appearance of purulent matter, constituted the appearance of several evacuations: and slime, blood, and mucus, without bile, of the whole. Apprehending most from the febrile threatening, denoted by the muscular immobility, and ague fit, I fasted entirely for the first two days.

Never in my life having taken laudanum, and but once a single grain of opium, I found that smaller doses of the latter, than I expected, controlled the pain. My favorite astringent, for my patients, had been sugar of lead, always combined with opium; and thus combined, I have ever found it a safe and generally an effectual medicine in controlling inordinate motion, and inordinate discharges from the bowels. But in my own case it did not answer the anticipations which I had formed; and instead of it, I made a free use of a watery solution of that pure and excellent astringent, catechu, which I found much more effectual—probably because more freely used, and more extensively applied to the seat of pain.—This substance, in powder, put into a hollow tooth, eases the pain of toothache much more surely than opium, or any other remedy which I have ever tried. This it does by diminishing the throbbing of the little arteries connected with the nerve of the tooth, and by overcoming, by its astringency, the sensible surface of the denuded nerve itself. How precisely, then, it is fitted for bleeding, bare, and irritable and painful bowels, is at once apparent. But it contains another principle, equally important with its astringency; perhaps more so, if symptoms of putrescency are present. It is that of *tannin*. Catechu, containing, according to Sir Humphrey Davy, 54.5 of tannin, which is an antiseptic principle, renders animal matters incorruptible; such as tanned hides, which, from substances corruptible, when taken from animal bodies, are rendered incorruptible leather, by *tannin*.

Catechu, besides its astringency and the antiseptic principle of tannin,

contains that of *extractive matter*. This latter principle is, in the opinion of Mr. Davy, as necessary for animals as food and salt. And besides tannin and extractive matter, it contains another important anti-dysenteric principle; it is that of *mucilage*. There is therefore probably, in the *materia medica*, no substance so chemically adapted to dysentery, as *catechu*; it being astringent, antiseptic, and mucilaginous.

Astringents ease pain upon a principle entirely different from that by which it is eased by taking opiates. Opium acts by elevating the whole system into a state of pleasurable sensation; and thus, for instance, a pained tooth is not felt, because the reign of blissful excitement, or the stupor consequent upon a full dose of an opiate, which succeeds that excitement, renders the whole nervous system, for the time, incapable of any impressions except pleasure or stupor. I have known opiates taken for toothache, and even a kind of cure (it hardly merits the name) produced by their repetition. But astringents cure local diseases by direct application to diseased structures, and thus run no risk of injuring, like opiates, the whole system. Or if this is not in every case their *modus operandi*, such it is in easing toothache, as I have often myself experienced, by using *catechu*.

But to return to my own case. There was a tenderness and some tumefaction of the abdomen. This part, therefore, was compressed with a bandage. But the application which I determined upon using to this inflamed region, was that of externally bathing it with *aqua regia*. This was reduced to about the acidity of vinegar, and applied by lotion, with a flannel cloth, as hot as it could be borne; and then the same flannel, laid next the skin, was tightly bound on. Of this remedy, into which Dr. Scott placed Lord Wellington, up to his neck, for the liver complaint in India, I had previously formed a favorable opinion, but had never used it in dysentery until I first tried it in my own case; and I now feel disposed to recommend it, thus applied, as a safe, salutary, and efficacious remedy.

My recovery was speedy and complete. Viewing the alimentary canal as empty, and that the spasm and inflammation were operating upon the bowels and their mucous coat, and thus denuding them of their lining, I early resorted to a free and rather copious use of light and liquid diet, and demulcent drinks. And as I had anticipated, I found, that as soon as there was a supply of alimentary matters wherewithal to form evacuations of a natural hue and consistence, such evacuations appeared. But the pain still recurred, and required distant doses of opiates. These were, however, entirely laid aside in a few days, and a return to the usual diet and the fruits of the season resumed, and the disease was at an end.

There is in the appearance of dysentery, in the month of June, something contravening my previous impressions. My early associations connected it with bile exalted by heat, and with the fruits of late summer and early autumn. But in the family of Mr. Powers, and other families in his vicinity, in 1829, and in my own family the present year, it began in the month of June, and I was compelled to forego my previous theories.

Having lost all the patients which I ever lost, under the cathartic mode

of treatment, and having now adopted a different one, I feel a decided preference for astringents and opiates, instead of cathartics ; and for vegetable astringents in place of those of the mineral kind. Catechu, white oak bark, high-brier root, and steeple weed, or hard hack, all contain the astringent, antiseptic, and demulcent principles. Either of these is to be preferred to kino, because the latter, requiring alcohol to dissolve it, is not, of course, like the others, miscible with the fluids of the stomach and intestines, but is decomposed by them. The tannin principle is a very important one, and this is not found in sugar of lead, alum, sulphate of copper, or nitrate of silver.

Dysentery is a complication of inflammation, spasm, and morbid secretion. The mucous membrane is usually inflamed, but there are cases where this may not happen. The nervous coat of the bowels is always more or less affected with spasm ; and there is always a secretion of slime or mucus, owing either to this spasm, or to inflammation, or to both combined, and a secretion or evolution of flatus or gas. To this last, and to spasm, the pain accompanying the dejections is owing.

The fixed pain in the back, and the abdominal tension and swelling, are owing to inflammation. The inflammatory diathesis may sometimes require a single bleeding, but even this is seldom necessary. In this respect dysentery differs from enteritis, in which bleeding is indispensable and eminently useful. I am disposed to think that there is a secretion of elastic gas, along with the extra secretion of mucus, because this gas or flatus occurs in every dejection, when there is no vegetable matters present to afford it. It adds to the intensity of the pain, which is for the moment relieved by its discharge. But it is not until the disease abates that flatus is discharged without a dysenteric dejection. But when this is the case, and more especially when flatus passes off without any other alvine evacuation, it denotes an abatement of distress and disease.—As to burnt brandy, it can only be useful in typhoid dysentery.

Cases may occur in which cathartics may be useful, and even necessary. If there be active inflammation, flour of sulphur, combined with cream of tartar, forms one of the very best. Sulphur acts not only as an aperient, but also as an antispasmodic. If signs of acidity prevail in the primæ viæ, magnesia, with prepared chalk, is eminently useful ; and if there be any indication for a cathartic medicine in a relaxed, debilitated, and typhoid state of system, the ancient, or rather *modern*-ancient remedy, *rhubarb*, is undoubtedly to be preferred.

When I had gotten better, thinking that some cathartic medicine might be useful to carry off any morbid matters that might remain in the alimentary canal, I took one small dose of flour of sulphur with cream of tartar. But it did not appear that there was any morbid substances to be evacuated ; and I now think that neither good nor harm was the consequence, and that on the whole it might as well have been omitted.

Injections of starch, new milk, or flax-seed tea, was once a part of my practice which I thought of importance. But taking into consideration the irritable state of the rectum, I incline to the opinion that demulcents by the mouth is the preferable practice. In my own case I used them in no other way. I esteem it a very material point to fill the first passages with bland, diluent, demulcent liquids, in order that the increased

peristaltic motion may have something to act on besides the inflamed and denuded bowels.

And to conclude, I am firmly persuaded that astringents of the vegetable class, with opiates, and hot *aqua regia* to the abdomen, without the use of calomel or ipecac, is the most safe, effectual, and pleasant mode of practice in dysentery. Had I in my own case tormented the denuded and tender coats of the intestines with repeated cathartics, instead of soothing them by astringents, anodynes, and demulcents, I doubt not but the most disastrous consequences might have ensued.

With my wishes for the increased extension of your interesting Journal,
I am, Yours, very truly,

JOSEPH COMSTOCK, M.D.

Lebanon (Conn.), July 17th, 1834.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 30, 1834.

EDITORIAL NOTICE.

WITH the next number of this Journal will conclude the editorial labors of the present editor. A medical gentleman having become in part proprietor of the work, he will of course assume the care of it himself;—it is proper, therefore, for us to notify the reader that our connection with the work will wholly cease with the coming week.

Having had the conduct and arrangement of this Journal ever since the commencement of the 2nd Volume in 1830, we cannot take leave of its readers without expressing our especial thanks to those medical gentlemen who have contributed so much of true practical value to its pages. We would also express our acknowledgments to the faculty at large, by whom the work has been uniformly well received, till it now circulates extensively in every portion of the country—a circumstance to us highly satisfactory, since it affords the fairest test of the favor with which our editorial labors have been regarded by our professional brethren.

Hoping, that, under its new editor, the Journal may become still more worthy the esteem and patronage of those interested in practical medicine and sound science, we commend it to such share of countenance and support, as its merits shall claim of a generous and enlightened profession.

PUBLISHER'S NOTICE.

THE publisher of the Journal would briefly inform its readers that no alteration in its plan or its general character is contemplated. The leading object of the future editor will be the same as that which has heretofore been so satisfactorily pursued in the editorial management of the work—to render it *practically useful* to the members of the medical profession. A continuance of the patronage of subscribers, and of the literary exertions of valued contributors, is respectfully solicited.

INDUCTION OF PREMATURE LABOR.

M. STROLTZ, member of the Faculty at Strasbourg, communicated the particulars of a case in which he induced labor at the end of the seventh month of pregnancy, in a woman, 29 years of age, hunch-backed, and otherwise deformed, and who had been delivered in her two preceding labors by the operation of embryotomy. He introduced pieces of prepared sponge into the neck of the womb; as these became moistened with the discharge of the part, they gradually dilated the passage, and at the end of three days the woman gave birth to a living child. It lived for three months and a half; and the mother survived eight months after her accouchement; the cause of her death was pulmonary consumption. On examining the body after death, it was ascertained, beyond doubt, that the pelvis was too much contracted ever to have given passage to an ordinary sized fetus of nine months.

[We are not informed of the opinion of the Academy on the preceding communication, but the Editors of the *Revue Medicale*, from which the report is derived, have subjoined some remarks of their own, and as they express the sentiments of by far the larger portion of the French medical school, it may be well to subjoin them.

"The practice of M. Stoltz is certainly very bold; but we cannot take upon ourselves to recommend its imitation.

To provoke labor before the appointed and natural time of occurrence, is to assume the power of condemning to death a living being, or at least of greatly diminishing its chances of existence. Now, can a medical man, with the approval of his conscience, pronounce upon the propriety, and can he be the direct author of such a step? Is he permitted in any way to compromise, if not to sacrifice, the life of the child for the safety of the mother?

These are delicate questions, which involve alike many moral, religious and political considerations; and surely they ought never to be boldly solved by any physician alone. While any doubt exists, it will be well to abstain from such a hazardous attempt.

The practice of inducing premature labor has indeed been frequently commended and practised by English and German accoucheurs; and we are told that, in addition to the advantages to the mother, when it has been ascertained that her pelvis is not capacious enough to permit the exit of a full-sized child, numerous statistical or tabular reports of midwifery writers, sufficiently show, that artificial premature labor, say at the seventh month, is not at all more dangerous to the life of the child, than the Cæsarian operation, or indeed than most of the manœuvres we are compelled to adopt in difficult and protracted labors. But can we fairly and conscientiously deduce very exact inferences from all these reports, when we reflect upon the marvellous resources (and these too often altogether unexpected) of nature to expedite and complete many accouchements which had been pronounced almost impracticable by good and expert physicians?"—*Med.-Chir. Rev.*

Torsion of the Arteries, employed in Amputation of the Leg, by Dr. Clot Bey.—An Arabian sailor was carried to the Marine Hospital at Alexandria, in consequence of a comminuted fracture of the left leg; the limb was amputated, and instead of using ligatures to the bleeding vessels,

Clot Bey was anxious to make a trial of Amusat's proposal. He seized the arteries one by one, with a forceps, and drawing them out of their sheaths, he laid hold of them with the thumb and forefinger of his left hand above the grasp of the forceps; he then twisted them four or five times round upon their axes; and having done so, replaced them. The stump was left exposed for a few minutes, in order that the operator might be satisfied that the hæmorrhage was properly arrested, although there was no appearance of any. M. Clot confesses that he was by no means completely assured of the security of the practice which he had adopted. A tourniquet "d'attente" was therefore left around the limb. The wound was almost quite cicatrized by the fourteenth day; and there had not been once any threatening of hæmorrhage.

As far as success in one case entitles us to judge, the present must be considered highly favorable to Amusat's method.—*Rev. Med.*

Calcareous Incrustation on the Crystalline Lens.—This incrustation occurred on the lens of a horse, covering nearly the whole of its anterior surface; it was hard, friable, and irregular or slightly mammillated; of a yellowish-white color, and weighed rather more than eight grains. The texture of the adjacent lens had become softened, and almost puriform, so that mere washing separated the concretion from its attachment. M. Lassaigne, on analysis, found that it consisted of—

	Parts.
Albuminous Animal Matter	29.3
Phosphate of Lime	51.4
Carbonate of Lime	1.6
Alkaline Salts	17.7

100.

It may be regarded therefore as a sort of ossification, containing however an unusually large amount of the earthy phosphate.

Journal de Chimie Medicale.

Flavor and Odor.—Various substances, after exciting the sense of touch on the fauces, and that of taste upon the tongue, are capable of producing a third impression, which is popularly referred to the palate, but is really felt upon the sentient membrane of the nostrils: the fume of certain kinds of food ascends into the cavities of the nose, and produces this third and distinct sensation. In administering medicine to children, it is well known that the greater part of what is disagreeable in its flavor may be avoided, by closing the nostrils while the draught is swallowed; and by repeating this experiment upon various articles of food, it is easy to ascertain how much of their flavor depends upon one sense, and how much is appreciated by the other. Hence it is that the senses of taste and smell have been often compared as having a resemblance, the odor of many substances being supposed to resemble their flavor; while the fact is, that the flavor of such bodies consists in their scent, and that the two impressions, which are compared, are one and the same.

Mayo's Physiology, 3d Edition.—Med.-Chir. Rev.

Preparations of Sarsaparilla.—J. B. Caventou believes that the most efficacious preparations of sarsaparilla are those obtained in the old way,

viz.: a long decoction, after a previous maceration for twenty-four hours. He thinks that the bitter and nauseous principle is quite distinct from the active principle of the plant; and what proves it to be so is, that it is completely separated or destroyed by reiterated decoctions. It is certainly unfortunate that a good chemical analysis of sarsaparilla should still be wanting; and that we should not know to which of its constituent principles we ought to attribute its medicinal virtues; but if we may judge from some experiments that he made, nothing is easier than to explain how the decoctions of sarsaparilla are deprived of their bitter and nauseous principles. The starch contained in this root plays an active part in this separation: the decoction, in cooling, precipitates a flaky matter of a dirty white color, and which is the result of the combination of the starch with one of the principles of sarsaparilla. This combination is soluble in hot, and insoluble in cold water. Is it a tannin matter that thus precipitates the starch? He does not think so, since the infusion of sarsaparilla is not disturbed by animal gelatine; it is a principle peculiar to sarsaparilla, and which, combined with the starch, and separated by cold from the decoctions, is entirely foreign to the properties of the plant. Without affirming that it is the bitter principle which is thus separated from the decoctions by the chemical re-action he has just mentioned, he is, however, strongly inclined to think so, because he has succeeded in depriving a watery solution of sarsaparilla of its bitter taste, by beating it up with a certain quantity of starch jelly; he thus artificially obtained what is naturally produced by decoction.—*Lane's Monthly Archives.*

Nitrate of Soda in Common Dysentery.—This salt was first recommended in common dysentery by Velsen (*Horn's Archiv.* 1819), and more lately by Bonorden, who says that its effects are quite different from those of nitrate of potash, and that it acts specifically on the colon and rectum, diminishing inflammation, and abating spasms of these parts so powerfully, that it invariably cures simple dysentery, when given at its commencement. It is exhibited in barley water or some mucilaginous decoction, from two to six drachms of the salt being dissolved in six or eight ounces of the latter. Of this one tablespoonful is to be taken every second hour. The nitrate of soda acts very mildly as an antiphlogistic, opening the bowels gently, and afterwards producing a determination to the skin. Nitrate of potash, on the contrary, acts as a stimulant on both bowels and kidneys, and consequently makes the dysenteric symptoms worse instead of better.—*Dub. Med. Jour.* p. 391

Fatal Accident.—The Hartford (Ct.) Times states that as Dr. Swift was on a visit to one of his patients in Bristol, last week, his horse was found precipitated several feet from the road, lying upon his back, and the Doctor some ten feet from his waggon, with his skull badly fractured, and one arm broken, dead.

A Man who can make Himself taller at Will.—At a late meeting of the Academy of Medicine in Paris, M. Velpeau exhibited a man who possesses the very singular power of making himself two inches taller or shorter at will. Standing erect, he can elongate the spine, and contract it again, by moving the sacrum, which plays like a wedge between the bones of the pelvis. He is at present 40 years of age, and had a car-

riage pass over his body when a child, to the injury received at which time the power of executing this curious manœuvre may be attributed.

Gazette des Hôpitaux.

Whole number of deaths in Boston for the week ending July 26, 23. Males, 19—Females, 10.
Of consumption, 2—worms, 1—smallpox, 1—lung fever, 2—croup, 1—bowel complaint, 1—infantile, 2—cancer, 1—old age, 1—hooping cough, 2—brain fever, 1—dysentery, 1—teething, 1—diarrhea, 1—inflammation of the bowels, 1—typhous fever, 1—dropsy, 1—dropsy on the brain, 1. Stillborn, 3.

ADVERTISEMENTS.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1834 will commence the last Thursday in August, and continue fourteen weeks.

H. H. CHILDS, M.D.	Theory and Practice of Medicine and Obstetrics.
E. BARTLETT, M.D.	Pathological Anatomy and Materia Medica.
C. DEWEY, M.D.	Botany, Chemistry and Natural Philosophy.
W. PARKER, M.D.	Anatomy, Surgery and Physiology.
JOHN FAIRBELL, A.M.	Demonstrator of Anatomy.

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical, as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American medical schools, arrangements have been made for the addition of a Course of Lectures on Pathological Anatomy, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the lectures. The degree of M.D. is conferred at the annual Commencement of the Institution, and at the Commencement of Williams College. The requisites for the degree of Doctor in Medicine are three full years study under a regular practitioner, attendance on two full Courses of Medical Lectures in regularly established Medical Institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of lectures is \$50; those who have already attended two full courses at an incorporated Medical School, pay \$10. Graduation, \$12. Board, including room-rent, washing and lodging, \$1 75 per week.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics. By order of the Trustees, S. M. McKAY, Secretary.

Pittsfield, July 19, 1834.

NOTES.—The following authors are recommended to be used by the Students during the Lecture Term: On *Anatomy*, C. Bell, Horner, Cloquet, and Weston.—*Surgery*, S. Cooper, W. Gibson, and Sir A. Cooper's Works.—*Practice and Theory*, Gregory, Good, Eberle, and Dewees.—*Obstetrics*, J. Burns, Dewees, and London Practice.—*Materia Medica and Medical Jurisprudence*, Beck, Chapman, and Eberle.—*Chemistry*, Brande, Turner, and Webster.

July 30—31

THE Subscribers continue to give instruction in the various branches of a MEDICAL EDUCATION, to such students as may place themselves under their direction.

They have provided a room for the pupils, which will be open every day, Sundays excepted. A course of study is pointed out, the necessary books are furnished, and examinations are frequently made. Facilities are given for the cultivation of practical anatomy.

The terms are \$100 for a year, \$75 for six months, and \$50 for a quarter. All payments to be made in advance.

The students, in addition to the private instruction, have the privilege of attending, gratuitously, the Medical and Surgical Practice and the Surgical Operations of the Massachusetts General Hospital, and generally private Surgical operations, during the period of their pupillage; and they will also have free admission to the Lectures on Anatomy and Surgery, delivered at the Medical School of Harvard University. Clinical Lectures on Surgery are occasionally given.

Board, in respectable families in the city, may be had at three dollars a week.

JOHN C. WARREN,
GEORGE HAYWARD,
ENOCH HALE, JR.

Boston, May, 1834.

May 7. copSt.

SURGICAL INSTRUMENTS.

AN assortment of Surgical Instruments for sale at No. 35 Washington Street, five doors south of Cornhill, by A. P. RICHARDSON.

Surgical Instruments made and repaired as above. Orders forwarded will meet with punctual attention.

Feb 19

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